


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90189 024 ***150.00

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| DOCUMENT # P02000087858 |  |
| 1. Entity Name R.B. AIR CONDITIONING, INC. | |

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| Principal Place of Business 18721 N.W. 56TH AVE. OPA LOCKA FL 33055-5330 | Mailing Address 18721 N.W. 56TH AVE. OPA LOCKA FL 33055-5330 |
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| 2. Principal Place of Business 2530 W. 78 ST. Suite, Apt. #, etc. BUILDING "C" BAY # 1 City & State HALEAH, Florida Zip 33016 Country USA | 3. Mailing Address 9619 FONTAINEBLEAU BLVD. Suite, Apt. #, etc. APT. # 102 City & State MIAMI, Florida Zip 33172 Country USA |
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1st MOORE CR2E034 (10/04)

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| 4. FEI Number 06-1643945 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BENDANA, RICARDO 18721 N.W. 56TH AVE. OPA LOCKA FL 33055-5330 | |
| 7. Name and Address of New Registered Agent Name Ricardo Bendana Street Address (P.O. Box Number is Not Acceptable) 9619 FONTAINEBLEAU BLVD. APT. # 102 City MIAMI FL Zip Code 33172 | |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida: I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BENDANA, RICARDO 18721 N.W. 56TH AVE. OPA LOCKA FL 33055-5330 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ricardo Bendana** **04/19/05** (305) 216-7766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #